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PTO/SB/05 (11-00) Approved for use through 10/31/2002. OMB 0651-0032

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## UTILITY PATENT APPLICATION TRANSMITTAL

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Attorney Docket No.	A
First Inventor	S
Title	11 0
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(Only for new nonprovisional applications under 37 CFR 1.53(b)) Assistant Commissioner for Patents **APPLICATION ELEMENTS** ADDRESS TO: **Box Patent Application** See MPEP chapter 600 concerning utility patent application contents. Washington, DC 20231 Fee Transmittal Form (e.g., PTO/SB/17) CD-ROM or CD-R in duplicate, large table or (Submit an original and a duplicate for fee processing) Computer Program (Appendix) Applicant claims small entity status. 8. Nucleotide and/or Amino Acid Sequence Submission See 37 CFR 1.27. (if applicable, all necessary) (preferred arrangement set forth below) Computer Readable Form (CRF) 3. - Descriptive title of the invention Specification Sequence Listing on: Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D CD-ROM or CD-R (2 copies); or - Reference to sequence listing, a table, paper or a computer program listing appendix - Background of the Invention Statements verifying identity of above copies - Brief Summary of the Invention ACCOMPANYING APPLICATION PARTS - Brief Description of the Drawings (if filed) - Detailed Description Assignment Papers (cover sheet & document(s)) - Claim(s) 37 CFR 3.73(b) Statement Power of - Abstract of the Disclosure (when there is an assignee) **Attorney** English Translation Document (if applicable) Drawing(s) (35 U.S.C. 113) [ Total Sheets Copies of IDS Information Disclosure 5. Oath or Declaration [ Total Pages Citations Statement (IDS)/PTO-1449 Newly executed (original or copy) Copy from a prior application (37 CFR 1.63 (d)) (for continuation/divisional with Box 18 completed) **Preliminary Amendment** Return Receipt Postcard (MPEP 503) (Should be specifically itemized) Certified Copy of Priority Document(s) (if foreign priority is claimed) **DELETION OF INVENTOR(S)** Signed statement attached deleting inventor(s) Request and Certification under 35 U.S.C. 122 named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. Application Data Sheet. See 37 CFR 1.76 Other: 18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: Continuation Divisional Continuation-in-part (CIP) of prior application No.: Prior application information: For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omltted from the submitted application parts. 19. CORRESPONDENCE ADDRESS Customer Number or Bar Code Laber (Austri Cretomer No. or Atlanta barrendo lebral l Name **Address** State City Zip Code 0 H10 44139 Country Telephone 440-248-4440 440-248-027 Name (Print/Type) Registration No. (Attorney/Agent)

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Patent fees are subject to annual revision.		Exar	niner	Name	)		
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TOTAL AMOUNT OF PAYMENT (\$) 39500		Attorney Docket No.					
METHOD OF PAYMENT	FEE CALCULATION (continued)						
1. The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:	3. A	DDIT	ION.	AL FE	ES		
Deposit	Large Small Entity Entity						
Account Number	Fee Cod	Fee	Fee Cod	Fee	.,	Fee Description	Fee Paid
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Name	127	50	227	25		rge - late provisional filing fee or	
Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17					cover s		
Applicant claims small entity status. See 37 CFR 1.27	139	130		130		glish specification	
2. Payment Enclosed:	117	7 2,520 147 2,520 For filing a request for ex parte reexamination 2 920* 112 920* Requesting publication of SIR prior to					
Check Credit card Money Other	112	112 920* 112 920* Requesting publication of SIR prior to Examiner action					
FEE CALCULATION	113 1,840* 113 1,840* Requesting publication of SIR after Examiner action						
1. BASIC FILING FEE	115	110	215	55	Extens	ion for reply within first month	
Large Entity Small Entity Fee Fee Fee Fee Description	116	390		195		on for reply within second month	
Code (\$) Code (\$)	117	890 1,390	217	445 695	_	on for reply within third month	
101 710 201 355 Utility filing fee 3.55 <sup>33</sup>		1,890				on for reply within fourth month	
106 320 206 160 Design filing fee	119	310		155		on for reply within fifth month of Appeal	
107 490 207 245 Plant filing fee 108 710 208 355 Reissue filing fee	120	310		155		brief in support of an appeal	
114 150 214 75 Provisional filing fee	121 270 221 135 Request for oral hearing						
	138	1,510	138	1,510	Petition	to institute a public use proceeding	
SUBTOTAL (1) (\$) 355 33 140 110 240 55 Petition to revive - unavoidable							
2. EXTRA CLAIM FEES  Fee from		1,240				to revive - unintentional	
Total Claims below Fee Paid	142 143	-		620		sue fee (or reissue)	
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Claims A L L L L L L L L L L L L L L L L L L	122	-	122			s to the Commissioner	
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Large Entity Small Entity Fee Fee Fee Fee Description	126	180	126	180		sion of Information Disclosure Stmt	
Fee Fee Fee Fee Description Code (\$) Code (\$)	581	40	581	40	Recordi	ng each patent assignment per	40.00
103 18 203 9 Claims in excess of 20						(times number of properties)	70.00
102 80 202 40 Independent claims in excess of 3  104 270 204 135 Multiple dependent claim, if not paid	146	710	246	355		submission after final rejection R § 1.129(a))	
109 80 209 40 ** Reissue independent claims over original patent	149	710	249	355		ch additional invention to be ed (37 CFR § 1.129(b))	
110 18 210 9 ** Reissue claims in excess of 20	179	710	279	355	Reques	t for Continued Examination (RCE)	
and over original patent	169	900	169	900		t for expedited examination sign application	
SUBTOTAL (2) (\$) 0-	Other	r fee (sp	ecify)				
**or number previously paid, if greater; For Reissues, see above	*Red	uced by	/ Basid	Filing	Fee Pai	SUBTOTAL (3) (\$) 4	0. <sup>00</sup>
SUBMITTED BY						Complete (if applicable)	

SUBMITTED BY		Complete (if	Complete (if applicable)		
Name (Print/Type)	NANCY K. HARD	Registration No. (Attorney/Agent)	Telephone	440-248-4440	
Signature	MAMOUK HATA		Date	1/26/01	

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PTO/SB92 (08-00)

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